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LCDR M. L. Reitnauer, NC, USN

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US Army Medical Department Center and School
BLDG 2841 MCCS-HRA (Army-Baylor Program in Healthcare Administration)
3151 Scott Road, Suite 1411
Fort Sam Houston, TX 78234-6135

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This paper discusses the business planning processes and the development of a business plan. A business plan reflects the ultimate goal of an organization and identifies customer and healthcare service needs. Regional planning allows the Lead Agent to identify areas of success and concern, and to influence business operations at medical treatment facilities. Facility planning identifies specific customer and service needs by location and provides valuable information about business operations. An assessment of business planning initiatives within the TRICARE Mid-Atlantic Region is provided. This paper also presents a proposed business plan, which can serve as a guide for regional planning and provide the basis for the development of facility-specific business plans.

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TRICARE Mid-Atlantic Region Business Planning Initiatives

A Graduate Management Project Submitted to CDR Daniel Dominguez

In Candidacy for the Degree of Masters in Health Care Administration

Lieutenant Commander M. L. Reitnauer

U.S. Army - Baylor University Program in Healthcare Administration

TRICARE Mid-Atlantic Region

Norfolk, Virginia 23513

Abstract

This paper discusses the business planning processes and the development of a business plan. A business plan reflects the ultimate goal of an organization, and identifies customer and healthcare service needs. Regional planning allows the Lead Agent to identify areas of success and concern, and to influence business operations at medical treatment facilities. Facility planning identifies specific customer and service needs by location, and provides valuable information about business operations. An assessment of business planning initiatives within the TRICARE Mid-Atlantic Region is provided. This paper also presents a proposed business plan, which can serve as a guide for regional planning and provide the basis for the development of facility-specific business plans.

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TRICARE Mid-Atlantic Region Business Planning Initiatives

Introduction

The Military Health System (MHS) is continually evolving. MHS personnel are constantly faced with the challenge of reengineering healthcare delivery systems and business practices in support of managed care operations. Aside from the implementation and integration of utilization management principles, we must make continued efforts to improve quality and access while functioning with reduced resources. We must also make efforts to reduce costs, without sacrificing the overall health of our beneficiary population. Additionally, we must manage these efforts while ensuring that we are trained and ready to support all readiness requirements (TRICARE Mid-Atlantic Region [TMAR] Health Services Plan, 1997).

This raises numerous concerns about business operations. It is imperative to understand what we do and how we do it, as well as who we serve and where we serve them. We have invested many resources addressing these concerns over time. We have developed various programs and mechanisms for monitoring this, and have implemented many plans to help guide us through the business of providing healthcare. Among these are quality improvement and assurance plans, strategic plans, and health services plans.

The MHS must do more than provide quality healthcare. We are becoming a business that must know how to manage resources (Naval Healthcare Support Office [HSO] San Diego Business Plan Development Guide, 1998). Ultimately, we need a tool that identifies the true needs of our customers and the services we can provide, that also recognizes and plans for any shortfalls in services. This can help us market ourselves to customers who can augment our system, and help us provide comprehensive services to our beneficiaries.

The civilian sector has utilized business plans for years, and many sources are available to facilitate their development. A business plan gives the organization an opportunity to

articulate how we do what we do, and allows it to demonstrate its business to current and potential customers (Hough & Bolinger, 1998). It also helps the organization identify its actual and potential opportunities and obstacles in its business.

Discussion of this topic among various levels of personnel within the MHS raises yet another question: "Do we need another plan to tell us what to do when no one will listen?" Simply stated, we need a business plan. However, it must not be just another document that is created, touted, and filed away for potential revisions. It must truly be a living document, and as such, guide us through daily operations.

a) Conditions that prompted the study

TRICARE Mid-Atlantic Region 2 has clearly identified its need for a regional business plan. The Regional Director views this as an opportunity to solidify consistent information and concepts about regional business operations (G. Harmeyer, personal communication, September 14, 1998). It also has the potential to extend this information through guidance to Medical Treatment Facility (MTF) personnel. He envisions that TMAR can have an improved managed care support contract with continued efforts by the government and the Managed Care Support Contract (MCSC) agent, currently Anthem Alliance Healthcare Insurance Company (G. Harmeyer, personal communication, September 14, 1998).

The Executive Director of the TRICARE Management Activity (TMA) reinforced this concept at the TMAR conference in September 1998. Dr. Sears discussed the need for making TRICARE work, and compared and contrasted it with managed healthcare in general. He also highlighted the successes of TRICARE related to improvements in access, quality and cost, and spoke of the MHS becoming the leading provider of quality healthcare in the United States (Sears, 1998).

Central to the success of TRICARE are MTF business plans, which represent individual managed care strategies and allow MTFs to make sound business and healthcare management decisions. Consequently, it is imperative to determine the pervasiveness of business plan utilization at the MTF level, and facilitate their development and implementation. Some MTFs have focused on business plans as independent ventures, with various levels of completion. The HSO in San Diego California developed a guide for facilitating the development and implementation of business planning process (Naval HSO San Diego Business Plan Development Guide, 1998).

b) Problem Statement

What do we do with the concept of business planning? How do we make it work for us? Hough and Bolinger (1998) identify the following steps to understanding this process:

- What are the problem issues?
- How long have the issues existed?
- What are the real benefits to current and potential customers?
- What sustainable advantage do we have over our competition?
- What are the primary risks involved?
- How is the organization positioned to overcome these risks?

Leadership at various levels within the MHS has evaluated these issues. The answers to these questions may be found in many individual plans, including strategic and health services plans. A regional business plan can address these issues, not only at the Lead Agent level, but also by influencing business operations at the MTF level.

c) Literature review

Healthcare literature related to business plans varies. Most military sources identify the concept of business planning, and emphasize an understanding of the need for developing business plans. Most non-military sources discuss the integration of business processes into clinical practice at various levels and several substantial guides exist to facilitate the formulation of business plans.

In 1996, Congress directed an evaluation of the TRICARE program to review the success of the MHS in meeting the goals of improving access, maintaining quality, and controlling cost. The Department of Defense (DoD) contracted with two federally funded agencies to evaluate these issues. The initial phase of the study focused on Region 11, which was the only region with a fully operational TRICARE contract in 1996 (Sears, 1998). At that time, Region 11 identified its business plan as a tool to facilitate coordination of regional direct and non-direct care resource consumption, which required monitoring direct and non-direct care resource utilization. However, an inquiry of current regional personnel indicated that this plan no longer exists (D. Meyer, personal communication, 16 Sep 1998).

The MHS Strategic Plan (1998) clearly delineates our mission, vision, values, and goals. Specific goals related to resources and training are linked to vision statements which address promoting a model health system, functioning as an accountable healthcare delivery team, and leadership development. The TMAR Health Services Plan (1997) clearly established Lead Agent goals and objectives, as a guide for planning, transition, and refinement of business practices without being prescriptive to MTF staff and MCSC agents. A status report from TMAR (1998) presented specific regional challenges related to business operations. Specifically

identified were financial and operational issues related to revised financing, network adequacy, claims, benefits, and utilization management.

Many of these issues can be addressed through effective business practices. However, there is no simple solution to addressing these issues in a coordinated effort. The MHS is attempting to grow along with the expanding business of healthcare. Our understanding of the business issues related to healthcare is vital. DoD healthcare facilities operate approximately one-third of all federally operated inpatient beds. Additionally, the DoD operates approximately one-fourth of all federally operated independent clinics (U.S. Medicine, Inc., 1998). Therefore, we must truly understand how to utilize our resources. The U.S. Air Force discusses the need for tactical business plans to take advantage of resourcing opportunities that keep the organization on track toward its vision. Key concepts include strategic utilization of human resources, a dynamic understanding of internal facilities, solid financial planning, a thorough understanding of utilization of TRICARE resources, and continuous training to facilitate putting its mission into action (U.S. Air Force Strategic Health and Resourcing Plan, 1998).

Business planning has become a part of healthcare operations with the integration of managed care concepts into our healthcare delivery system. This has not been without its challenges. Historically, it was believed that clinical judgment should not be influenced by financial concerns. Organized medicine fought to preserve its entrepreneurial interests (Stone, 1997). Managed care is seen by some as an invasion of commercialism into healthcare, which poses several hazards to the care of the sick and the welfare of communities. However, both commercial and professional medical traditions can strengthen medical care and reduce costs (McArthur & Moore, 1997). Proactive thinking suggests that managed care can benefit medical practice. Kaufman (1995) proposes that healthcare providers "work with the changes of

managed care." This transition is based upon three indisputable concepts: "customers are in charge, competition has intensified, and change is constant" (Kaufman, 1995).

DoD's response to this has been highlighted in recent TRICARE Marketing Plans. The 1998-1999 plan responds to reengineering within the MHS. The establishment of the TMA changes the definition of relationships and roles within the MHS. Potential restructuring of Lead Agencies and other reengineering efforts can result in market turbulence. The overall goal of DoD's marketing effort is to support the successful worldwide implementation of TRICARE. The 1998-1999 plan states that marketing is a foundation for building a business strategy (DoD, 1998). Additionally, marketing should be creative, analytical, research-based, and driven by customer relations. It demands market knowledge and action.

Hart and Connors (1996) proposed a resourcing decision model for military hospitals, which greatly supports the need for a solid business plan. Their model proposed a decision triangle that builds all resourcing decisions upon the successful integration of three documents: the business plan, the strategic plan, and the performance improvement plan. Additionally, they note that many healthcare executives do not understand the similarities and differences among these plans. They propose an integrated approach to utilizing these plans will help facilities make effective resourcing decisions that answer the following:

- Does the proposal make good business sense?
- Does it contribute to readiness?
- Is it the right thing for the patient?

Within the MHS, we have spent much time and energy, and many resources developing performance improvement and strategic plans. In focusing on business plan development, we must turn to all available resources, and learn from the work that has already been accomplished

by others. McArthur and Womack (1995) state that the business-oriented approach to reengineering healthcare focuses on outcome management. This is a key concept, which historically has been handled through quality assurance or performance improvement programs. However, these authors note that a business strategy for outcome management is "devoted to ongoing dynamic change based upon the leader's vision" (McArthur & Womack, 1995). They further state this is an evolutionary process that should be linked to the vision of strategic planning efforts.

Several substantial sources exist to facilitate the creation of business plans. Hough and Bolinger (1998) put their concept of a business plan into simple terms in the American Medical Association's guide for developing managed care business plans. They state the objective is to create a business plan that articulates an organization's idea of its managed care product. This plan can then be used to market the organization to all customers needed for financial support, strategic positioning, and organizational longevity. These authors offer that the development of a business plan requires the retention of experts in strategy, finance, law, and actuarial science. They also advise embracing obstacles as a benefit, as they can help you adjust the business plan as it is developed.

A business plan must reflect the ultimate goal of your organization. O'Donnell (1991) gives detailed guidelines for writing a successful business plan. Inherent in this process is having a clear mission statement. O'Donnell provides formats for plans, and emphasizes the need to tailor the plan to the needs of the organization, respective to its maturity within its market. Ultimately, the business plan can be a valuable marketing tool for any audience. Similarly, Cross and Richey (1998) offer various models for business plans. They emphasize

several essential elements including a concise description of the business, realistic marketing and personnel plans, and clear mission, vision, and goal statements.

The HSO San Diego developed a guide for business planning (1998). They have become a resource for the development and implementation of business plans for MTFs, and have clearly defined the areas where they can facilitate this process. Specifically, they are available to help with leadership education, DoD database training, catchment area analysis, and the development of healthcare delivery strategies.

d) Purpose

The primary objective of this project is to develop a regional business plan. Inherent in this process is evaluating the region's status relative to business planning. As indicated earlier, it is imperative to determine the pervasiveness of the business planning process at the MTF level, and to facilitate their development and implementation of this process. This project will identify this status and propose a plan that will influence the development of MTF business plans.

The regional business plan can be of great value in identifying the needs of our customers and the services we provide through both government and contracted sources. This can help us market ourselves to all customers, thereby enhancing the provision of services to beneficiaries.

Methodology

Initially, an assessment was performed to determine which MTFs within Region 2 had business plans. It was important to note which facilities had an awareness of the business planning process, and which had integrated business plans into their operations. For those MTFs with developed plans, the maturity of the business planning process was also assessed. This identified the actual level of integration of existing business planning within our region, and facilitated development of MTF plans. This was accomplished through communication with

MTF managed care personnel, who had been involved in, or were aware of, the business planning process. Specific feedback was obtained from the following facilities: Naval Medical Center Portsmouth, 1st Medical Group - Langley AFB, Naval Hospital Camp Lejeune, and Womack Army Medical Center.

The development of a regional business plan required the review and consolidation of information from current data sources, including catchment area analyses, marketing plans, strategic plans, and health services plans. The primary sources of information for this assessment were also the facilities listed above.

Catchment area analysis data allowed a review of population demographics specific to patients, providers, and facilities, including current population data and population projections. This type of analysis also revealed information about health services capabilities, including MTF assessments, and estimated direct care capacities. Health services utilization data was also available regarding inpatient and outpatient care utilization, and non-availability statements. Additionally, some information was available regarding cost of services, and health service requirement projections.

An assessment of marketing plans was accomplished through document review, and participation in a regional marketing summit. This provided an overview of regional MTF marketing programs, which reflected beneficiary and staff education regarding the TRICARE product. Strategic plans and health services plans provided more global information about the region. Further, the plans detailed facility and regional values, goals, and objectives. They were also used to obtain information related to customers, availability of services, and perceived market forces.

An assessment of the available information allowed for the compilation of general information, which helped to define regional issues, goals, and objectives. This information was vital for the development of a regional business plan, which was modeled upon concepts noted in the current literature.

Results

A telephone survey was initially conducted to contact regional MTF managed care personnel. This involved several attempts to some facilities, with minimal feedback from some, and no response from one. Of the facilities responding specific feedback was obtained from the following facilities: Naval Medical Center Portsmouth, 1st Medical Group - Langley AFB, Naval Hospital Camp Lejeune, and Womack Army Medical Center.

Survey of regional MTFs showed differences in maturity of the business planning process. Some facilities have what they consider complete business plans, and others were in the initial stage of planning. Facility representatives were aware of the importance of the business planning process. Although some facilities struggled with the concept, they have come to an awareness of the impact that a well-developed plan can have upon business operations, and ultimately, customer satisfaction. Facility-specific information follows.

Naval Medical Center Portsmouth clearly identified that clinical areas were developing individual business plans. Personnel from the Managed Care and Resources Directorates were involved in these processes. The facility was beginning to focus on business planning as an overall concept. A representative of the 1st Medical Group, Langley AFB described their business plan as a "modified strategic plan," which identified resourcing as a key issue. It was viewed as an evolving document, which is fairly well known by staff members. Naval Hospital Camp Lejeune has a very well developed business plan, which detailed many key areas of

importance. These include mission environment, facility description and regional relationships, the local managed care environment, and specific catchment area and product-delivery information. Finally, Womack Army Medical Center had a developed business plan, which was beginning to become known to staff members through recent publication and training initiatives. They also developed an education program for staff at all levels to gain an understanding of the relationship between the business plan and its relationship to daily operations.

Facilities with well-developed plans have identified key personnel within their resource management divisions to champion the evolution and integration of business plans. These plans have been implemented to include staff education within the MTF, often in preparation for facility surveys. Generally, respondents who were not the primary contact for the business plan consider their facility's plan to be a modified strategic plan. They were able to point out that the key to a valid business plan is that it contains links to resourcing issues. Therefore, they appreciate the value of involving personnel with expertise in resource management in the business planning process.

This concept is substantiated in the current literature, which also supports ensuring that the business planning process is a multidisciplinary effort (O'Donnell, 1991). As an example, the MTFs possess the most accurate information about their catchment areas. This is seen in the various catchment area analyses that have been developed within the region. It follows that the MTFs should also possess accurate information about their current and potential markets. However, some facilities have not completed in-depth marketing analyses. Their marketing efforts are often based upon perceived needs, which often stem from episodic concerns. Again, an well-integrated business plan can guide the facility to market to any customer with whom it does business.

As previously noted, various sources of information were reviewed in this analysis. Marketing plans revealed programs that reflected beneficiary and staff education regarding the TRICARE product. Often, facility representatives perceived limitations in their ability to develop marketing programs. Generally they related this to staffing limitations. There was also a lack of understanding of the MTF's role in marketing, compared with expectations of the MCS contractor's role. Facility participation in regional marketing summits helped focus TMAR and the MTFs on important marketing issues and programs, including marketing tools and partnering with the MCS contractor.

Strategic plans and health services plans provided more global information about the region. These detailed facility and regional values, goals, and objectives. They included information related to customers, availability of services, and perceived market forces. Specifically, facility specific plans echo the overall mission, vision, goals, and objectives of the MHS and the Regional Health Services Plan.

Discussion

Facility representatives question the need for a regional business plan. Many strongly advocate that it should be facility specific. Arguably, this concept makes sense, in that the MTF should be the most knowledgeable agent for its customers. In the broader sense, a regional business plan can facilitate the development, integration, and ongoing utilization of MTF-specific business plans. It will also provide the Lead Agent with an overall perspective of business planning initiatives within Region 2, and facilitate healthcare decision making processes.

Assessment of the available information allowed for the compilation of general information that was used to define regional issues, goals, and objectives. No regional

catchment area analysis or marketing analysis existed at the time of this survey. TMAR marketing personnel were conducting regional marketing summits and were beginning to compile information to organize existing analyses and programs.

Therefore, a more generic approach was taken to the development of a regional business plan, based upon concepts and models available in the current literature. The business plan for Naval Hospital Camp Lejeune also served as a valuable template, as it addressed many of the vital areas noted in the current literature. The appendix includes a proposed regional business plan.

Conclusions and Recommendations

Regional business planning is imperative to ensure consistency in monitoring overall business operations. It is vital for the regional MTFs to develop facility-specific business plans. These plans should be used to guide individual facilities, as well as assist TMAR in understanding MTF needs. TMAR will facilitate the development and integration of the business planning process at the MTF level. TMAR will also offer assistance with data consolidation and interpretation that is vital for accurate measurement of outcomes.

The HSO San Diego developed a guide for business planning (1998). They have become a resource for the development and implementation of business plans for MTFs, and have clearly defined the areas where they will facilitate this process. Specifically, they are available to help with leadership education, DoD database training, catchment area analysis, and the development of healthcare delivery strategies. TMAR and the MTFs should use this guide. Beyond this, TMAR will greatly augment the process by further analysis of catchment area data, and development of healthcare delivery strategies with MTF leadership. Together, these agencies will help put the business planning process into action.

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TRICARE Mid-Atlantic Region Business Plan

Executive Summary

TRICARE Mid-Atlantic Region operates in support of the mission and vision of the MHS, working collaboratively with MTF Commanders, Intermediate Commands, Military Departments, and the Assistant Secretary of Defense for Health Affairs (ASD (HA)). The Lead Agent role is non-prescriptive to accommodate the military specific missions of each MTF, and does not exert command and control authority over MTF commanders.

TMAR is chartered to share best business practices to enhance managed care objectives within the region. This is accomplished by facilitating MTF achievement of the most effective use of the direct care system. Understanding the business of providing healthcare is measured by effectively managing resources to meet our customers' needs, and capturing our market share. We can use this information to measure the overall success of business operations, and help identify actual and potential business opportunities.

A managed care environment has developed under the TRICARE program with the transition of the managed care support contract to Anthem Alliance Healthcare Insurance Company on 1 May 1998. This program is designed to include distribution of medical treatment resources through a capitation based methodology, a triple option plan offering choice to beneficiaries, and a fixed-price, at-risk contract to provide the flexibility required to ensure beneficiaries a quality, stable, and uniform healthcare benefit.

TMAR is committed to ensuring the success of the MHS within this environment. Priority is placed upon utilization management, a business approach to managed care, and data driven decision-making. This will help maintain a proactive relationship between the MHS and the MCS contractor.

MHS beneficiaries include active duty personnel, TRICARE eligible members who choose from the triple option benefit, Medicare eligible members, including those covered under TRICARE Senior Prime, and Armed Services Designees. Access to care within the military MTF is prioritized as follows: active duty service members, active duty family members enrolled in the Prime option, retirees and their family members or survivors enrolled in the Prime option, active duty family members not enrolled in TRICARE Prime, and any other beneficiaries. There are 578,563 TRICARE eligible beneficiaries within the region, including 237,341 who are enrolled in TRICARE Prime. The following table summarizes enrollment data from the TMAR enrollment report posted in January 1999.

Category	Transient	MTF PCM	CIV PCM	Total	MTF FTEs	Capacity
AD	11,311	123,803	506	124,309		
ADD		180,993	11,116	192,109		
NADD		40,703	4,376	45,079		
NADD+65		138	15	153		
TOTAL	11,311	345,637	16,013	361,650	426	493,910
Non-AD Total: 237,341			TRICARE Eligible Enrolees: 237,188			

Knowledge of the demographic distribution of beneficiaries, their location, and their usage of healthcare resources is imperative for effective decision making. It is essential to review the demographics by patient category and geographic distribution, as well as identify the users and non-users of services. DoD is surveying customer needs annually, and providing this information to the MHS for analysis and decision making.

Goals and Objectives

The goals of TMAR are established as a guide for planning, transition, and refinement of business practices, and are summarized as follows:

- Regional MTFs will provide continuous, consistent, high quality healthcare for all MHS beneficiaries, regardless of operational and training objectives.

- MTF staff will continue to improve beneficiary satisfaction, access to care and understanding of the TRICARE benefit, providing choices of providers and services when possible.
- The Region will reduce overall healthcare costs, and maintain maximum enrollment of eligible beneficiaries into the TRICARE Prime option
- TMAR and pertinent MTF staff will establish a partnership environment with the MCS Contractor, Anthem Alliance Healthcare Insurance Company.

Specific objectives of TMAR are to:

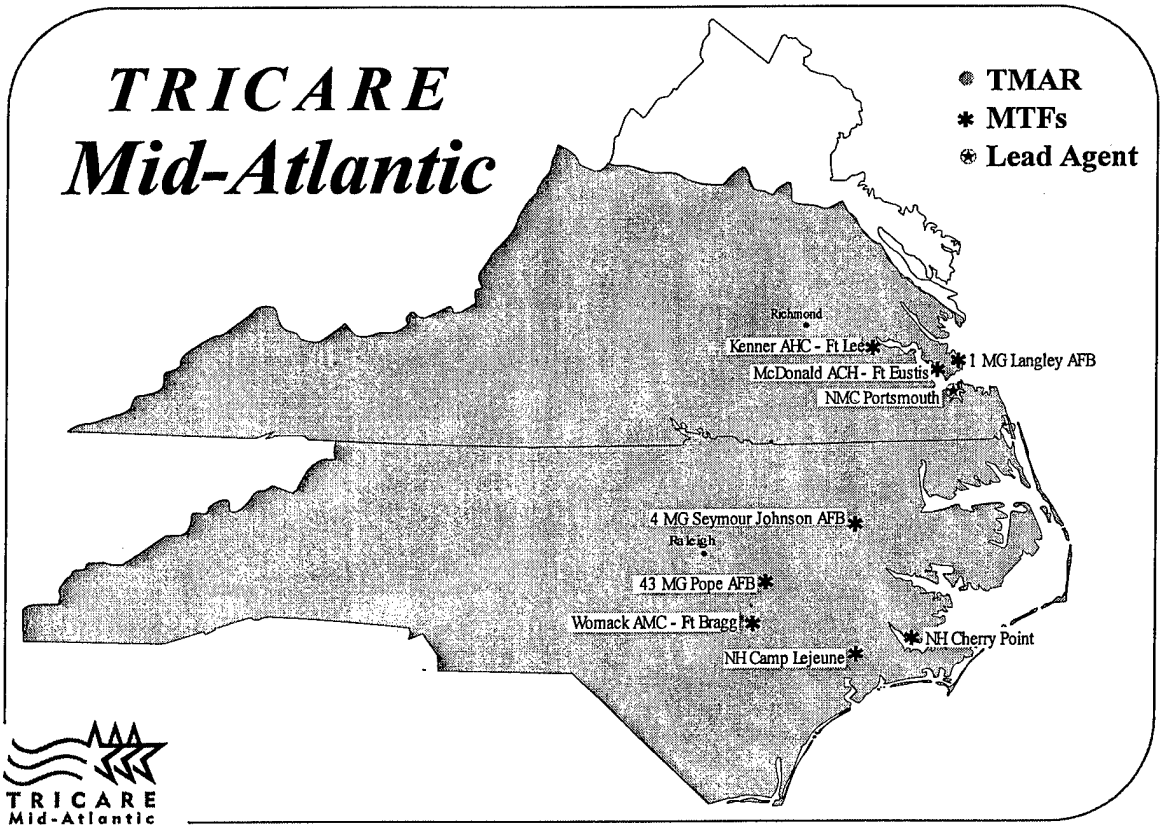
- Ensure readiness through medical support of Uniformed Service members.
- Implement managed care via the TRICARE Program, and manage its financial risk.
- Provide central oversight with local accountability and execution; TMAR and MTF commanders are accountable for the healthcare costs, quality and access to all beneficiaries.
- Ensure quality, availability and access of a uniform healthcare benefit to eligible beneficiaries.
- Maximize efficiency of MHS resources, both within MTFs and through the MCS contractor, through effective utilization management.
- Provide Specialized Treatment Services (STS) as needed.
- Achieve effective use of information systems, through building of infrastructure and standardization of systems.

Description of Services

A managed care environment has developed under the TRICARE program, which has evolved and matured since its implementation on 1 May 1998. This program distributes

treatment resources through capitated funding, the TRICARE triple option benefit, and a fixed-price, at-risk contract. These resourcing methodologies allow for the provision of a comprehensive, high quality, and uniform health benefit for operating forces, base activities, and all other beneficiaries.

MTF resources for primary and specialty care include medical centers, community hospitals, and ambulatory clinics. These services are provided in Virginia and North Carolina in the following facilities: Naval Medical Center, Portsmouth; McDonald Army Community Hospital, Fort Eustis; Kenner Army Hospital Clinic, Fort Lee; 1st Medical Group, Langley Air Force Base; Womack Army Medical Center, Fort Bragg; Naval Hospital, Camp Lejeune; Naval Hospital, Cherry Point; 4th Medical Group, Seymour Johnson Air Force Base; and 43rd Medical Group, Pope Air Force Base. A regional map follows.



The MCS contractor recommends options for supplementing direct care capacity of the MTFs through resource sharing. TMAR works with Anthem Alliance Healthcare Insurance Company and the MTF commanders for provision of needed services under resource sharing or resource support. This contract provides the opportunity to reduce total regional expenditures through active, effective utilization management, and maximize productivity, thereby providing overall greater access to healthcare.

The MCS contractor also develops a preferred provider network to meet the needs of beneficiaries within catchment areas, all mandatory Prime sites, and wherever else it is determined to be desirable, feasible, and cost effective. This allows the flexibility to offer the uniform benefit wherever possible, to ensure that options exist for care. This includes primary care enrollment in the TRICARE Prime option, as well as choice to utilize the TRICARE Extra benefit, or maintain care strictly through TRICARE Standard.

Additionally, TMAR establishes links to the Veterans Affairs Network, and designates regional STSs based upon need for specialty services for all beneficiaries enrolled in TRICARE Prime. Naval Medical Center Portsmouth and Womack Army Medical Center are designated STSs for the Mid-Atlantic Region. Services of other STSs can also be utilized at a multi-regional and national basis.

Analysis

Evaluation is required to determine the overall success of the TRICARE program. ASD (HA) is monitoring report cards to assess cost, quality, and access within the MHS. A copy of the report card rating scale is attached. A report card rating scale is available on-line at http://www.tricare.osd.mil/reptcard/reptcard/hndbk0698.html for facility and agency use. Interpretation of report card indicators must be based upon the analysis of data from various

sources. These include short-term analysis, long-term analysis, and on-going data maintenance projects. Effective analysis is crucial, but we also need to ensure that we are collecting the right data elements along the way, so that analysis can lead to appropriate recommendations, and proactive decisions. Information gathered, and decisions made as a result of effective analysis can be incorporated into ongoing strategic planning efforts.

Data appropriateness and consistency can be reached by utilizing Performance Matrices, Health Plan Employer Data and Information Set (HEDIS) type indicators, Department of Defense Beneficiary Surveys, the Retrospective Case-Mix Analysis System (RCMAS), and Bid Price Adjustment (BPA) data.

Military Health System Performance Report Card
Rating Scale

Area	Performance Measure	Red	Yellow	Green
Access	Satisfaction with Access to Appointments	< 70%	70 - 94%	95%
	Satisfaction with Access to System Resources	< 70%	70 - 94%	95%
	% Meeting Appt Waiting Stds	< 70%	70 - 97%	98%
	Prime AD Enrollment Rates	< 90%	90 - 99%	100%
Quality	Med Readiness Trained & Certified	< 90%	90 - 97%	98%
	Dental Readiness	< 90%	90 -94%	95%
	Satisfaction with Quality	< 70%	70 -94%	95%
	% Women With Pap Smear (Last 3 Yrs)	< 75%	75 - 89%	90%
	% Women Age 50+ w/Mammogram (Last 2 Yrs)	< 60%	60 - 79%	80%
	% Pop w/Cholesterol Screen (Last 5 Yrs)	< 60%	60 - 79%	80%
	Childhood Immunization Rates	< 75%	75 - 89%	90%
	JCAHO Grid Scores	< 75	75 -94	95
	JCAHO Accreditation	Not Acrdt	Cond Acrdt	Accredited

Utilization	AD Preventable Admission Rates			
	Chronic Obstructive Pulmonary Disease	> 0.17	0.15 - 0.17	0.14
	Bacterial Pneumonia	> 0.83	0.67 - 0.83	0.66
	Asthma	> 0.87	0.71 - 0.87	0.70
	Congestive Heart Failure	> 0.31	0.26 - 0.31	0.25
	Angina	> 0.40	0.33 - 0.40	0.32
	Cellulitis	> 0.44	0.36 - 0.44	0.35
	Diabetes	> 0.46	0.38 - 0.46	0.37
	Gastroenteritis	> 0.63	0.51 - 0.63	0.50
	Kidney/Urinary Infections	> 0.45	0.37 - 0.45	0.36
	ADFM Preventable Admission Rates			
	Chronic Obstructive Pulmonary Disease	> 0.17	0.15 - 0.17	0.14
	Bacterial Pneumonia	> 0.83	0.67 - 0.83	0.66
	Asthma	> 0.87	0.71 - 0.87	0.70
	Congestive Heart Failure	> 0.31	0.26 - 0.31	0.25
	Angina	> 0.40	0.33 - 0.40	0.32
	Cellulitis	> 0.44	0.36 - 0.44	0.35
	Diabetes	> 0.46	0.38 - 0.46	0.37
	Gastroenteritis	> 0.63	0.51 - 0.63	0.50
	Kidney/Urinary Infections	> 0.45	0.37 - 0.45	0.36
	AD Bed Day Rates	> 190	126 -190	125
	ADFM Bed Day Rates	> 165	121 - 165	120

Health Behavior	**% AD Smoked Last 30 Days**	**> 30%**	**21 - 30%**	**20%**
	% AD Problem Drinkers	**> 15%**	**11 - 15%**	**10%**
	% AD Dependent on Alcohol	**> 5%**	**3 - 5%**	**2%**
Health Status	**Perceived Physical Health - AD**	**< 55**	**55 -59**	**60**
	Perceived Physical Health - ADFM	**< 55**	**55 -59**	**60**
	Perceived Mental Health - AD	**< 55**	**55 -59**	**60**
	Perceived Mental Health - ADFM	**< 55**	**55 -59**	**60**